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CONFIRMATION NO. 3188

SERIAL NUMBER 10/519,023	FILING OR 371(c) DATE 01/30/2006 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 227/04276
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APPLICANTS

Benny Pesach, Rosh-Ha'ayin, IL;
 Michal Balberg, Jerusalem, IL;

**** CONTINUING DATA *******

This application is a 371 of PCT/IL03/00534 06/25/2003

**** FOREIGN APPLICATIONS *******

UNITED STATES OF AMERICA 60391037 06/25/2002

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

44909

TITLE

Method and apparatus for performing myocardial revascularization

FILING FEE RECEIVED 615	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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